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## APPLICANTS

Gerry Oatway, Cochrane, CANADA;

\*\* CONTINUING DATA \*\*\*\*\* *NONE*
*RLR*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE*  
*RLR*

 IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 06/16/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Ruth Rodriguez</i> Examiner's Signature Initials				

## ADDRESS

34111

## TITLE

Rope clamp

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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